

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010396

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 3020Registrar's No. 71

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Washington

Length of stay in 1b

942RS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE

St. Francis Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Franklin

c. CITY
OR TOWN

Washington

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

520 E. Sixth St.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Harold R. Buenemann

4. DATE OF DEATH

Month Day Year
March 22, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐
Widowed ☐
Divorced ☐

8. DATE OF BIRTH

4/4/1920

9. AGE (last birthday)

41

IF UNDER 1 YEAR

Months Days Hours Min.

11 18

IF UNDER 24 HR

Hours Min.

11 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shop Foreman

10b. KIND OF BUSINESS OR INDUSTRY

Refrigerator Factory

11. BIRTHPLACE (City and state or country)

Augusta, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Ferdinand Buenemann

13b. MOTHER'S MAIDEN NAME

Olga Osthoff

14. NAME OF HUSBAND OR WIFE

Agatha A. Buenemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes W.W.II.

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Agatha A. Buenemann

Address

520 E. 6th St.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shard of wood of head

DUE TO (b)

22 cal. entry of Temple

DUE TO (c)

2nd

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Shard of wood suddenly mortally

20c. TIME OF INJURY

5:30 a.m.

Hour Month, Day, Year

3/22/62

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (s.g., in or about home, farm, factory, etc., office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Washington

COUNTY

Franklin

STATE

Mo.

21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

7:30 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

[REDACTED]

22c. DATE SIGNED

3/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

St. Francis Cemetery

23d. LOCATION (City, town, or county)

Washington, Missouri

23e. STATE

Missouri

24. FUNERAL DIRECTOR

[REDACTED]

Address

[REDACTED]

25. DATE RECD. BY LOCAL REG.

3/23/62

26. REGISTRAR'S SIGNATURE

L. C. Haidmann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 5 1962

APR 17 1962

MAR 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.